

**Alabama Medicaid Agency
Pharmacy and Therapeutics Committee**

**Date of Meeting: Wednesday, February 11, 2009
Preferred Drug List Final**

AHFS Drug Class Re-reviewed: SKELETAL MUSCLE RELAXANTS

Subclasses Reviewed

Centrally Acting Skeletal Muscle Relaxants
Direct-acting Skeletal Muscle Relaxants
GABA-derivative Skeletal Muscle Relaxants
Skeletal Muscle Relaxants, Miscellaneous

AHFS Drug Class Re-reviewed: ANALGESICS AND ANTIPYRETICS

Subclasses Reviewed

Opiate Agonists
Opiate Partial Agonists

AHFS Drug Class Re-reviewed: ANTIMIGRAINE AGENTS

Subclasses Reviewed

Selective Serotonin Agonists

AHFS Drug Class Re-reviewed: ANTIEMETICS

Subclasses Reviewed

Antiemetics, Antihistamines
Antiemetics, 5-HT₃ Receptor Antagonists
Antiemetics, Miscellaneous

AHFS Drug Class Re-reviewed: PROTON-PUMP INHIBITORS

Subclasses Reviewed

Proton-pump Inhibitors - Single Entity
Proton-pump Inhibitors - Combination

Centrally Acting Skeletal Muscle Relaxants

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products excluding generic carisoprodol products	NONE	AMRIX carisoprodol (generic) carisoprodol/aspirin (generic) carisoprodol/aspirin/codeine (generic) FEXMID PARAFON FORTE DSC* ROBAXIN* SKELAXIN SOMA* SOMA COMPOUND* SOMA COMPOUND WITH CODEINE* ZANAFLEX*

* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

Direct-acting Skeletal Muscle Relaxants

PREFERRED
GENERIC/OTC

PREFERRED
BRAND

NON-PREFERRED
BRAND or PA GENERIC

All covered
products

NONE

DANTRIUM*

* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

GABA-derivative Skeletal Muscle Relaxants

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	LIORESAL *

* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

Skeletal Muscle Relaxants, Miscellaneous

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND or PA GENERIC

All covered
products

NONE

NORFLEX*

* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

Opiate Agonists

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	ACTIQ* ALCET ALFENTA* ASTRAMORPH* CAPITAL W/CODEINE COMBUNOX* DARVOCET (all strengths)* DARVON* DARVON-N DAZIDOX* DEMEROL* DEPODUR DILAUDID* DOLOPHINE* DURAGESIC* DURAMORPH* FENTORA FIORICET W/CODEINE* FIORINAL W/CODEINE* HYCET IBUDONE INFUMORPH LEVO-DROMORAN* LORCET (all strengths)* LORTAB* LYNEX MAGNACET MAXIDONE* METHADOSE* NORCO* NUMORPHAN OPANA OXYIR* PANLOR DC PANLOR SS* PERCOCET* PERCODAN* PERLOXX PHRENILIN-CAFFEINE-

CODEINE*
PRIMALEV
REPREXAIN*
ROXANOL*
ROXICODONE*
SUBLIMAZE*
TYLENOL W/CODEINE
(all strengths)*
TYLOX*
ULTIVA
ULTRACET*
ULTRAM*
ULTRAM ER
VICODIN (all strengths)*
VICOPROFEN*
VOPAC
XODOL
XOLOX
ZAMICET*
ZYDONE

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Drug name denotes all dosage forms and strengths unless noted

Opiate Partial Agonists

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	BUPRENEX* SUBOXONE SUBUTEX TALACEN* TALWIN TALWIN NX*

* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

Selective Serotonin Agonists

PREFERRED GENERIC/OTC

PREFERRED BRAND

NON-PREFERRED BRAND or PA GENERIC

All covered
products

AMERGE
MAXALT
MAXALT MLT
RELPAX
TREXIMET

AXERT
FROVA
IMITREX*
ZOMIG
ZOMIG ZMT

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Antiemetics, Antihistamines

PREFERRED
GENERIC/OTC

PREFERRED
BRAND

NON-PREFERRED
BRAND or PA GENERIC

All covered
products

NONE

ANTIVERT*
TIGAN*

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Drug name denotes all dosage forms and strengths unless noted

Antiemetics, 5-HT₃ Receptor Antagonists

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products	NONE	ALOXI ANZEMET GRANISOL KYTRIL* ZOFRAN* ZOFRAN ODT*

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Drug name denotes all dosage forms and strengths unless noted

Antiemetics, Miscellaneous

PREFERRED GENERIC/OTC

All covered
products

PREFERRED BRAND

NONE

NON-PREFERRED BRAND or PA GENERIC

CESAMET
EMEND
MARINOL*
SCOPACE
TRANSDERM-SCOP

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Drug name denotes all dosage forms and strengths unless noted

Proton-pump Inhibitors Single Entity Agents

<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND or PA GENERIC</u>
All covered products excluding generic pantoprazole	ACIPHEX ZEGERID	NEXIUM pantoprazole (generic) PREVACID PRILOSEC* PROTONIX*

* Denotes generic available in at least one dosage form or strength

Drug name denotes all dosage forms and strengths unless noted

Proton-pump Inhibitors Combination Agents

PREFERRED
GENERIC/OTC

PREFERRED
BRAND

NON-PREFERRED
BRAND or PA GENERIC

All covered products

NONE

PREVPAC

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